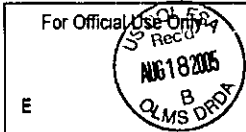


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9885	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name CHARLES R BAKER P O Box, Bldg , Room No , if any Street 5 THAYER RD City HIGHLAND MILLS State New York ZIP Code + 4 10930	4 Name, file number, and address of labor organization Name UNITED FEDERATION OF TEACHERS, LOCAL 2 AFL CIO Labor Organization File Number 063-924 P O Box, Building and Room Number, if any 11TH FLOOR Street 52 BROADWAY City NEW YORK State New York ZIP Code + 4 10004
5 Position in labor organization ASSISTANT CFO	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Charles R Baker

On

08/10/2005

Date

212-598-9247

Telephone Number

Name of Person Filing CHARLES BAKER

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name AMALGAMATED BANK

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 11-15 UNION SQUARE

City NEW YORK

State New York

ZIP Code + 4 10003

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name UNITED FEDERATION OF TEACHERS WELFARE FUND

Trade Name, if any

P O Box, Bldg, Room No, if any 52 BROADWAY

Street

City NEW YORK

State New York

ZIP Code + 4 10004

11 a Nature of such dealing

PROVIDES BANKING, TRUST, AND CUSTODIAL SERVICES TO THE UNION AND RELATED FUNDS

VALUE UNDETERMINED !!!

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

1) SOL STETIN GOLF OUTING 06/10/2004 200 00
2) HOLIDAY GIFT 12/24/2004 52 14

12 b Amount

\$252

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment